

• SECTION 4 – CAMP DETAILS AND REQUIREMENTS

Do you have any specific dietary requirements? Yes No

If Yes, please specify

Do you have any other specific requirements? Yes No

If Yes, please specify

Do you currently have any injury or illness which may affect your participation in training during this event? Yes No

If Yes, please specify

• SECTION 5 – PAYMENT OPTIONS AND DETAILS (Payments can be made by cheque or by Debit/Switch Card. We cannot accept credit card payments)

Option 1 – All inclusive (B&B accommodation in single/twin rooms, meals, bowling trip, coaching and support sessions) £50

Option 2 – Without accommodation (not including accommodation or breakfast) £30

Card Payments Name of cardholder

I hereby authorize you to charge the value of £_____ to my debit/switch* card.

Card number:

Expiry Date: __/__/__ Valid From __/__/__ Issue Number (Switch only) _____

Signed Date

Cheque Payments Please make payable to “The University of Birmingham”

• SECTION 6 – PARENTAL/GUARDIAN DETAILS

Name

Contact Address

..... Post Code

Home Tel No Mobile

Alternative Contact Tel No: (to be used in emergency if main contact is unavailable)

Occasionally authorized photography/filming may take place during the camp for promotion/publicity by the University. Please indicate if you do not wish your child to be photographed or filmed

I hereby authorize that (Athlete’s name) can attend this 3 day camp.

Signature..... Date

Athlete’s Signature..... Date

* Delete as appropriate

• SECTION 7 – MEDICAL DECLARATION FORM FOR PARTICIPANTS

It is the responsibility of the course participants to ensure that they are sufficiently fit for the course they have booked. If potential participants suffer from any illness likely to cause a safety hazard this must be discussed with the Sports Scholarship Manager before taking part in the course.

If you have any concerns about your physical suitability for the course please seek advice and go-ahead from your doctor, and complete the appropriate section of our Medical Declaration. If you have any queries or would like further information contact Elizabeth Egan (0121 4144519)

This form is to be completed by applicants over 16 years or by parent/guardian if applicant is under 16. **It is important that you tick yes or no to EACH question as applicable.**

The information provided on this form will be treated as CONFIDENTIAL and is only required in order to enable the staff and coaches at University of Birmingham Sport to give the appropriate medical help and support if required.

- | | | |
|--|------------------------------|-----------------------------|
| Are you able to swim 50 Metres? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you confident about being in water wearing a buoyancy aid? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever had: | | |
| ***heart trouble, raised blood pressure? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***asthma, bronchitis, tuberculosis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***diabetes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***epilepsy, fainting attacks, migraine, severe head injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***nervous illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***hayfever? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***allergies e.g. medicine, insect bites? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***Do you have a history of fractures or tendon/ligament damage, e.g. back, neck, arms, ankles or knees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***Are you suffering from, or a carrier of, any infectious disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ***Are you taking any medication? If so, please give details of dosage and make sure you bring enough | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered yes to any of the questions above marked * please give details here. Please add any other relevant medical information. Use other side of paper if necessary.**

Signature.....

Date

Please return completed form together with appropriate fee no later than Monday 6th September 2010 to:
Sport Scholarships Manager, University of Birmingham Sport, Munrow Sport Centre, University of Birmingham, Edgbaston, B15 2 TT